

7125 SIGNER RD

19940128

1/7/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

Permit Number: 4982B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 199-571-14

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	✓ Yes	___ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
275 Long-term acceptance rate	480 Max gallons/day wastewater flow	1745 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
Yes Serviced by private well	1500 Gallon septic tank	581 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone		

Any surface waters present: Yes Type: Lake Wylie Minimum separation distance: 50'

Site modifications required:

Additional Conditions: Stay >50' from high water mark. Stay >100' from any well. Permit good for 60 months.

Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1745 Absorption Area (Sq ft) 581 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	

For existing system, enter the year originally installed:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for th Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effe at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Departmer
- This Improvement permit is transferable.

Brandon Seay 7/10/02
DEHNR Authorized Agent Date

Tony Gordon OPS 7/24/02
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Permit Number 49821 CONDITIONS OF IMPROVEMENT PERMIT Tax Number 199-571-14

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275 Long-term acceptance rate	450 Max gallons/day wastewater flow	1745 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
Yes Serviced by private well	1500 Gallon septic tank	581 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
4 Bedrooms in residence	1000 Gallon pump tank	12" Depth of stone	
Any surface waters present: Yes Type: Irr. Re Wylie		Minimum separation distance: 50'	
Site modifications required:			
Additional Conditions: Stay >50' from high water mark. Stay >100' from any well. Permit good for 60 months.			
Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
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Brandon Sang 7/10/02
DEHNR Authorized Agent Date

Tony C. Fowler CPSS 7/11/02
Owner/Agent Signature Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
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700 N. TRYON ST.
CHARLOTTE, N.C. 28262.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

fax 662 9845

E TABLE		
US	BEARING	CHORD
00	N 87°13'28" W	89.47
00	N 53°23'56" E	57.15
38	N 42°09'38" E	58.11
.00	N 37°04'42" E	211.93
00	N 32°31'33" E	43.41

440± 1745²

LTAR = .275

I.R.P. #2
10869 / 709

Saw Mill Road
S.R. 1410
60' Public R/W
N 32°55'11" E
500.02'

Lot 2
5.001 Acres

Lot 3
8.744 Acres

Lot 6

Lot 5

Lot 4

Lot 3

Recreation Lots
Section 38
Map Book: 18 / 54

Duke Energy Corp. 68' R/W

Signer Road
60' Public R/W
Gravel Road

surge tank + speed level box

Found 0.74' off Property

Tower #9

Tower #10

Lake Wylie

Michael O. Ho

SOURCES

003
28201-1003

PARED BY

le and Son

Mapping Services

Phone: (704)545-3060
Fax: (704)519-1068

LEGEND

LINES SURVEYED
LINES NOT SURVEYED
LINES
OHAD DISTRIBUTION LINE (OVERHEAD)
(#) REBAR(S)
(#) REBAR(F)

Drawn up by Tony Jacobs

FILE: 3200 CLT 1100

DATE: 6/13/02 gc

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

COPY 1 CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4982B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199 - 571 - 14

STREET ADDRESS: 7125 Signet Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
✓ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
✓ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: (LAST) Crescent Resources LLC (FIRST) (MI)

ADDRESS: PO Box 1003

CITY: Char STATE: NC ZIP: 28201-1003

DAYTIME PHONE: (704) 663 - 6905

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tony (MI)

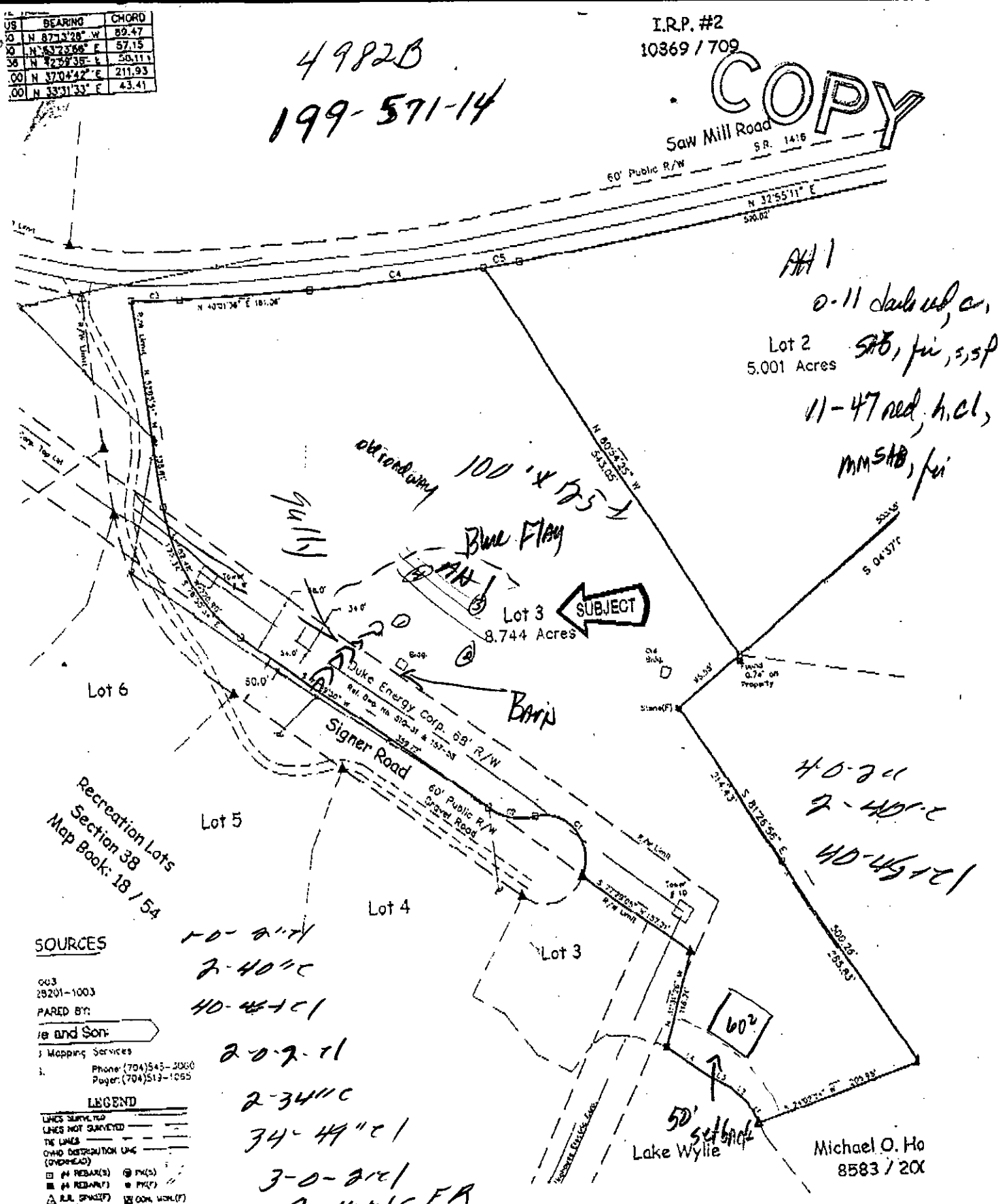
DAYTIME PHONE: 704 663 - 6905

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Tony C Jacobs, CRS Agent DATE: 6/12/02

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102



BEARING	CHORD
N 87°13'28" W	89.47
N 83°23'56" E	57.15
N 72°39'35" E	50.11
N 37°04'42" E	211.93
N 33°31'33" E	43.41

Post-it® Fax Note 7671	Date 6/7/02	# of pages ▶ 1
To Tony	From Andrea	
Co./Dept.	Co.	
Phone #	Phone # Tract #	
Fax # 662-9845	Fax # 3326-03	

Code #1

6-21-02

Brandon, I may change the LTAR slightly as the see after I talk w/ Tony Jacobs.

FEE: 200.00 ck# 1000
DATE: 6/13/02 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 43823

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 199-571-14

STREET ADDRESS: 7125 Signet Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 3

TYPE OF BUILDING (CHECK ONE):

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___ DOUBLE WIDE (D)
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HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

CLOSING DATE_____

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EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: (LAST) Crescent Resources LLC (FIRST) (MI)

ADDRESS: PO Box 1003

CITY: Char STATE: NC ZIP: 28201-1003

DAYTIME PHONE: (704) 663 - 6905

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Jacobs (FIRST) Tony (MI)

DAYTIME PHONE: 704/663 - 6905

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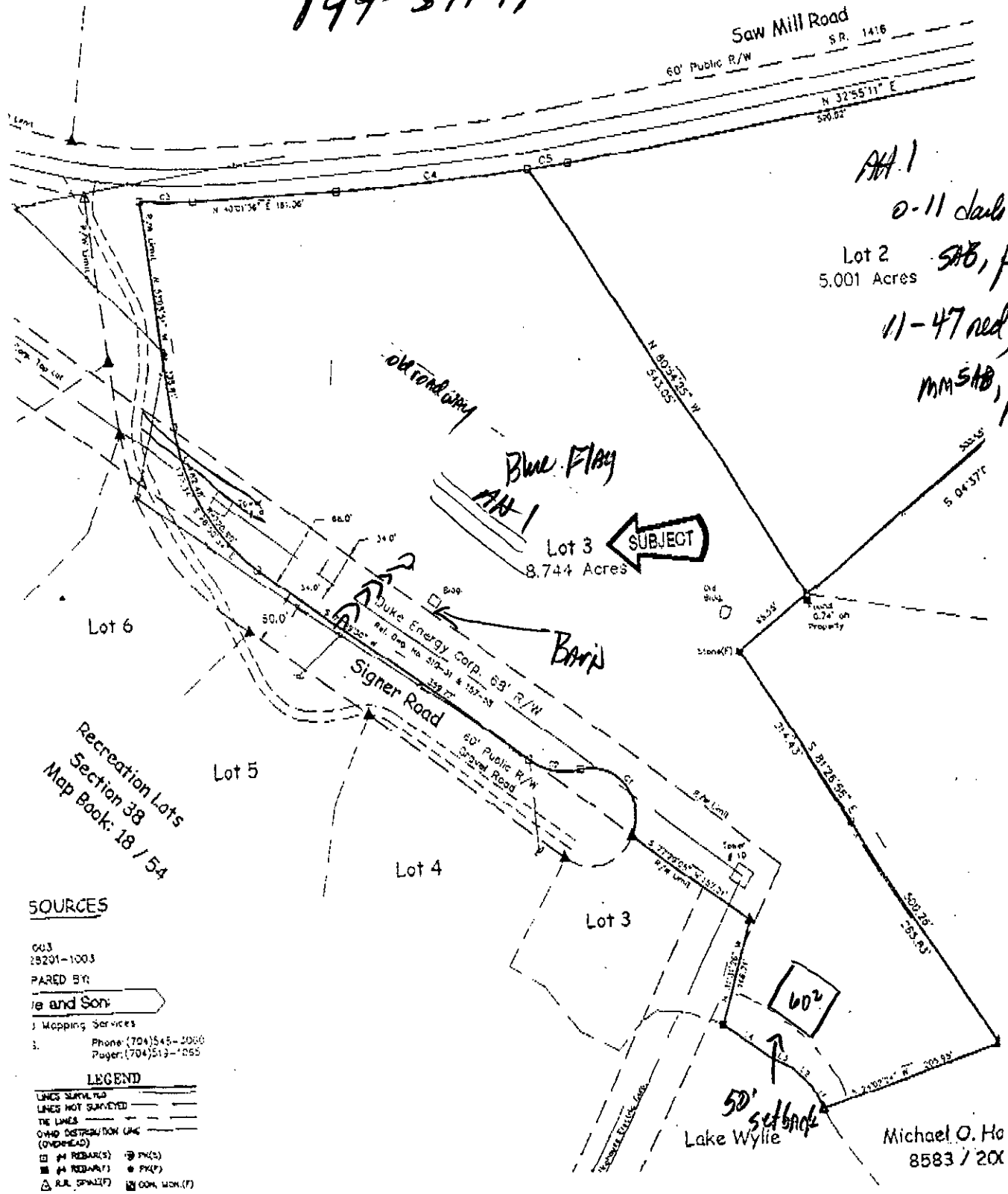
MECKLENBURG COUNTY HEALTH DEPARTMENT
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c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

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4982B

199-571-14

I.R.P. #2
10869 / 709



AH 1
0-11 dark usl, c,
Lot 2 SAB, fri, s, sp
11-47 red, h.cl,
mm SAB, fri

SOURCES

003
35201-1003

PARED BY:

e and Son

Mapping Services

Phone: (704)545-2050
Pager: (704)513-1055

LEGEND

LINES SURVEYED
LINES NOT SURVEYED
TIE LINES
OVHD DISTRIBUTION LINE (OVERHEAD)
REBAR(S)
REBAR(F)
R.R. SPIKE(F)
PK(S)
PK(F)
CONC. MON.(F)
PIPE(F)

Post-it® Fax Note 7671	Date 6/7/02	# of pages ▶ 1
To Tony	From Andrea	
Co./Dept.	Co.	
Phone #	Phone # Tract #	
Fax # 662-9845	Fax # 3326.03	

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1
Property ID: PO 199-571-14
Lot #:
File #: 4982B
Code: 1

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Crescent Resources, LLC
Applicant: Toney Jacobs
Address: PO Box 1003, Charlotte, N. C. 28201-1003
Date Evaluated: 06/19/2002
Proposed Facility: Residence
Design Flow (.1949): 480gpd
Property Size: .25a inv.
Location of Site: 7125 Signer Road
Property Recorded:
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	OTHER PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 6-10	0-2	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	N/A	NONE	PS, IV .275GPD/FT^2
		2-40	SBK/C	FI/SEXP/S/P					
		40-48+	SBK/CL	FR/SEXP/SS/SP					
2	"	0-2	GR/CL	FR/SEXP/SS/SP	>49" TO SOIL WETNESS	49+	"	"	"
		2-34	SBK/C	FI/SEXP/S/P					
		34-49+	SBK/CL	FR/SEXP/SS/SP					
3	"	0-2	GR/CL	FR/SEXP/SS/SP	>48" TO SOIL WETNESS	48+	"	"	"
		2-48+	SBK/C	FI/SEXP/S/P					
4	"	0-2	GR/CL	FR/SEXP/SS/SP	"	"	"	"	"
		2-40	SBK/C	FI/SEEXP/S/P					
		40-48+	SBK/CL	FR/SEXP/SS/SP					

Description	Initial System	Repair System
Available Space (.1945)	PS	
System Type(s)		
Site LTAR	.275GPD/FT^2	

Other Factors (.1946): _____
Site Classification (.1948): PROVISIONALLY SUITABLE
Evaluated By: W. R. Marlin, LSS, 6/20/02. W R Marlin
Others Present:

FILE # 4982A

COMMENTS 100% Repairs, area investigated approx 100' x 125', additional area available

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE

